

Primary Care Practice State-Regulated Payor Electronic Health Record Adoption Incentive Application

Application Instructions

Please **read all information** regarding the State-Regulated Payor Electronic Health Record (EHR) Incentive Program, including eligibility, and other program requirements on the website at this link before completing this application:

<http://mhcc.dhmdh.maryland.gov/hit/ehr/Pages/stateincentive/stateehrincentive.aspx>.

This *Primary Care Practice State-Regulated Payor EHR Adoption Incentive Application* is comprised of three parts. Part I captures primary care practice information. Part II captures information about the nationally certified EHR system used by the primary care practice. Part III is a signed attestation to confirm the information contained in the application is correct.

NOTE: You are required to answer all questions, unless noted. Specific attachments are required. Incomplete applications will be returned to the primary care practice.

PART I – Practice Specific Information

1. Name of **Payor** to which this payment request is being submitted (*select only one*):

Aetna, Inc

Coventry Health Care

CareFirst BlueCross Blue Shield

Kaiser Permanente

CIGNA Health Care Mid-Atlantic Region

United Healthcare, Mid-Atlantic Region

Note: You must complete and submit a separate payment request form to each payor in which you seek payment.

2. Primary Care Practice Name:

Street:

Street 2 (*if applicable*):

City:

State:

Zip:

Area Code/Telephone:

Primary Care Practice Tax Identification #:

Organizational national provider identification #:

3. Identify the **person to contact** for information concerning this payment request:

Name:

Title:

E-mail Address:

Area Code/Telephone:

4. Include the following information for the primary care physicians within your practice (*Add additional pages if needed*):

Physician Name	Specialty	NPI#

5. Number of patients assigned by this payor to the practice at the time of this payment request: _____ patients

*If no patients are assigned by this payor, include the total number of patients enrolled with the payor who have been treated by the practice within the previous 24 months from the date of this payment request: _____ patients

Questions 6 & 7 below are optional and will not be used in determining your eligibility for the incentive.

¹ The payor to which this application will be submitted.

6. At the time of your application, do most of the professionals in the practice qualify for the Medicare EHR Incentive Program² under the *American Recovery and Reinvestment Act of 2009*? Yes No
7. At the time of your application, do most of the professionals in the practice qualify for the Medicaid EHR Incentive Program under the *American Recovery and Reinvestment Act of 2009*? Yes No

PART II – Electronic Health Record Information

NOTE: To qualify for the EHR adoption incentive payment, the practice must adopt an EHR system that is certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB). To determine if your EHR system version is ONC-ATCB certified, please visit the Certified HIT Product List at: <http://onc-chpl.force.com/ehrcert>.

1. Provide the following information regarding the EHR system in use by the primary care practice:
 - a. EHR date of first use: Day Month Year
 - b. EHR system name and version:
 - c. Is the EHR system version in use by the practice ONC-ATCB certified? Yes No
 - d. Optional - EHR system cost (i.e., the initial cost of the system hardware and software): \$
 - e. Optional - Estimated implementation costs (e.g., training, system configuration, risk and workflow assessments, licensing fees, etc.): \$
2. Indicate in the chart below the date of first use for the functions listed or if/when you expect to implement them. The use of these functions is applicable to the Additional Incentives and not required of the practice

EHR Functionality	Date of first use
	Actual/Expected (MM/DD/YY)
Clinical Decision Support	
Computerized Provider Order Entry	
Capturing and querying information relevant to health care quality	
Exchanging electronic health information with and integrating the information from other sources within the EHR	
Other: (specify)	
Other: (specify)	

PART III – Attestation

I hereby certify that I am an authorized agent of the reporting primary care practice and verify that the information submitted in this EHR Adoption Incentive Application is true and accurate, to the best of my knowledge, information, and belief

Name and Title of Authorized Primary Care Practice Representative:

Signature of Authorized Primary Care Practice Representative:

Date:

Entering an electronic signature or typing a name in the signature box above is the equivalent of a physical signature

THANK YOU FOR COMPLETING THE APPLICATION

² For more information about the Medicare and Medicaid EHR Incentive Program, please visit: <https://www.cms.gov/ehrincentiveprograms/>.

Before You Send the Application

Be sure this application is complete by using this check list.

- Did you complete all questions in Part I, unless noted that they are not required?
- Did you complete all questions in Part II, unless noted they are not required?
- Did you complete and sign the ATTESTATION by an authorized primary care practice representative?
- Did you attach a list of additional physicians within the practice, their specialty, and NPI numbers that were not included on page 2? All attachments should include your practice name and tax ID#.
- Did you provide the estimated number of patients on the practice panel for the payor or the estimated number of patients seen in the last 24 months if patients are not assigned by this payor?

Return Completed Application

Please return the completed application to the appropriate payor using the information provided below. The following address and contact information was provided by each payor. **Questions regarding your application should be directed to the payor using the contact information listed below.**

Aetna, Inc.

Maryland EHR Incentives

509 Progress Drive

Suite 118

Linthicum, MD 21090

Fax: (860) 975-9223

MarylandEHRIncentives@aetna.com

CareFirst BlueCross BlueShield

External Mandates, Mailstop: 01-310

10455 Mill Run Circle

Owings Mills, MD 21117

C/O EHR Incentive Coordinator

Fax: (410) 505-2445

EHRIncentiveCoordinator@carefirst.com

Coventry Health Care

Attn: Provider Relations Department - Dolores Shores

750 Prides Crossing, Suite 300

Newark, DE 19713

Phone: (800) 727-9951 ext. 2031145

Fax: (866) 602-1246

dtshores@cvtly.com

Kaiser Permanente

Provider Contracting and Network Management

2101 E. Jefferson St.

Rockville, MD 20852

Phone: (301) 816-6564

Fax: (301) 388-1700

Provider.Relations@kp.org

CIGNA Health Care Mid-Atlantic Region

Contracting, Electronic Health Records

Fax: (888) 208-7173

United Healthcare, MidAtlantic Region

Attention: MD EHR – Lisa Kahl

800 King Farm Blvd, Suite 600

Rockville, MD 20850

Fax: (855) 740-9924

md_ehr_incentive@uhc.com

What to Expect Next

The payor will issue an EHR adoption incentive application acknowledgement letter (letter) within 90 days of receipt of the application. A primary care practice may request an incentive no earlier than 6 months after submitting this application, but not later than December 31, 2014. A request for the additional incentive can be submitted with the EHR adoption incentive payment request for the base incentive or in a subsequent EHR adoption incentive payment request. To request an incentive, please visit the State-Regulated Payor EHR Incentive Program webpage at:

<http://mhcc.dhmdh.maryland.gov/hit/ehr/Pages/stateincentive/stateehrincentive.aspx> for program details, and to access to the EHR Adoption Incentive Payment Request.

Definitions

Additional Incentive - an adoption incentive not to exceed \$7,500 or an incentive of equivalent value above the base incentive awarded on a one-time basis to a primary care practice that meets additional criteria in the use and adoption of electronic health records including: a) Contracts with a management service organization for electronic health record adoption or implementation services; b) Demonstrate advanced use of electronic health records; c) Participates in the payor's quality improvement outcomes initiative, and achieves the performance goals established by the payor.

Base Incentive - an adoption incentive not to exceed \$7,500 or an incentive of equivalent value awarded on a one-time basis to a primary care practice that is based on a per patient amount applied to the total number of the payor's member patients who are treated by the primary care practice.

Electronic health record (EHR) – an electronic health record system certified by an Authorized Testing and Certification Body designated by the Office of the national Coordinator for Health Information Technology and contains health-related information on an individual that includes patient demographic and clinical health information; and 1) has the capacity to: provide clinical decision support; support physician order entry; capture and query information relevant to health care quality; and 2) exchange electronic health information with and integrate the information from other sources.

EHR adoption incentive – a cash payment or a payment incentive of equivalent value agreed upon by the primary care practice and payor that an eligible primary care practice can receive from a payor to assist the primary care practice in adopting and implementing an electronic health record.

EHR incentive application letter – a letter sent by the payor to the primary care practice accepting the primary care practice's EHR adoption incentive application.

Incentive of equivalent value – refers to any of the following: specific services; gain-sharing arrangements; reward for quality and efficiency; in-kind payment; or other items or services that can be assigned a specific monetary value.

Management service organization (MSO) - an organization that offers one or more hosted electronic health record solutions and other management services to health care providers and: a) has received recognition by the Maryland Health Care Commission as a State Designated MSO; or b) Has applied with the Maryland Health Care Commission for recognition as a State Designated MSO and has been granted Candidacy status.

Payor – a state-regulated carrier that issues or delivers health benefit plans in the State and includes: Aetna, Inc; CareFirst BlueCross Blue Shield; CIGNA HealthCare Mid-Atlantic; Coventry Health Care; Kaiser Foundation Health Plan of the Mid-Atlantic; United Healthcare, Mid-Atlantic Region; and The Maryland State employee and retiree health and welfare benefits program.

Practice panel - the patients assigned by a payor to a provider within a primary care practice, or when a payor does not assign patients to a provider within a primary care practice, the patients enrolled with that payor who have been treated by the primary care practice within the past 24 months.

Primary care practice – a medical practice located in the State of Maryland that is comprised of one or more physicians who provide medical care in family, general, geriatric, internal medicine, pediatric, or gynecologic practice.

Quality improvement outcomes program – a program comprised of various nationally endorsed quality improvement indicators which, for the purpose of this incentive program, including indicators regarding the basic adoption and the advanced use of the EHR.